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1.0 Purpose:

- 1.1 To improve patient outcomes by educating patients and families to promote recovery, adjustment and healthy behavior, utilizing a multidisciplinary approach.
- 1.2 To facilitate a mechanism to assess patient knowledge, identify educational needs and to implement patient education process in a successful manner by overcoming barriers.
- 1.3 To reach out also to the community at large by conducting camps, addressing employees of various companies, corporate employees and educating them on safety measures, basic life support and life style etc. This shall be utilized to meet patient education needs and review our policies.

2.0 Policy:

- 2.1 Patients and their family members shall be provided with appropriate education and training pertinent to the diagnosis, problems or needs identified during initial and ongoing assessment.
- 2.2 Assessment of educational needs shall include readiness to learn, ability to learn, (will take into account the individual's literacy and educational level) age specific/developmental needs, cultural considerations, emotional barriers

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and motivating factors, physical, cognitive limitations and the financial condition of the patient.

2.3 The nurse and the treating physician or designated staff or counselors shall have the responsibility for ensuring that the patient receives appropriate education.

2.4 The patient and the family shall be provided with specific knowledge and skills to cope with health care needs. These instructions shall include, but are not limited to:

- a. Expanding the patient's knowledge and understanding of their diagnosis and treatment needs.
- b. The safe and effective use of equipment ordered for their use.
- c. Dietary requirements and any potential interactions with medications.
- d. How and when to take medications in a safe and effective manner and (any specific precautions related to their needs.)
- e. Instruction in rehabilitation techniques to facilitate adaptation to and/or functional independence in the environment.
- f. Directions on whom to contact and how to contact people (i.e. physicians, outside agencies, etc.) for further information regarding their care and treatment.
- g. How to access available community resources as needed.
- h. Providing an opportunity for the patient and/or family to ask questions that allow them to make informed decisions concerning their care and treatment.

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- i. Clearly informing patients and families about their responsibilities in the patient's care.
- j. Providing information about rehabilitation potential and resources.
- k. Promoting maximum achievable recovery and functioning.
- l. Pain Management

2.5 The Multidisciplinary Team shall serve as one resource to review hospital wide policies relating to patient education, to coordinate patient/family education efforts interdepartmentally, and to plan continuous quality improvement - activities related to patient/family education.

2.6 Patient Education shall require documentation in the patient's medical record.


3.0 Procedure

3.1 The Patient/Family Education Record shall be utilized for all inpatients that avail services at Apollo Hospitals Secunderabad as necessitated by the clinical condition.

Each discipline involved in patient/family education shall document the date education initiated, and print their name on the form. Individual involved in education shall have adequate time, subject knowledge and communication skills to do so.


3.3 This shall allow all disciplines to communicate the status of each patient/family's education.

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- 3.4** Education shall also help patient and his or her family to give informed consent, participate in the care process, to take care decisions, and to understand any financial implications of care choices.
- 3.5** The organization shall cooperate with other outside organizations for continuity of care by formal and informal communications with appropriate foundations and governmental/ non governmental organizations (which shall also include Prime Minister's and Chief Minister's Relief Fund) for financial help. To help patients to access community resources, the medico-social worker shall help and counsel patients in choosing and utilizing such facilities.
- 3.6** Specific knowledge and or skills to be addressed with patients/ families shall include but are not limited to the following:
- § Diagnosis including causes, symptoms and treatment
 - § Diagnostic tests
 - § Procedures both invasive and non-invasive
 - § Safe and effective use of medication in accordance with legal requirements and patient needs
 - § Safe and effective use of medical equipment
 - § Dietary modifications, nutritional interventions and potential food and drug interactions
 - § Life style changes
 - § Disease process, complications and prevention strategies
 - § Preventing Infections
 - § Immunizations

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- § Access to available community resources
- § When and how to obtain further treatment
- § Rehabilitation techniques to facilitate adaptation to and / or functional independence in the environment.
- § Good standards for personal hygiene and grooming, including bathing, brushing teeth, caring of hair and nails
- § Financial responsibilities for short term and long term treatment when known and when there is a change in patient's condition/ treatment setting.

3.7 Education and training shall help meet patients' ongoing health needs.

3.7.1. At the time of discharge a detailed discharge summary shall be given to all patients which include when to resume daily activities, preventive practices relevant to the patient's condition or health goals, dietary requirements, physiotherapy needs and when appropriate, information on coping with disease or disability.

3.8 The feedback from the family or the patient shall ensure that the information is understood.

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PATIENT AND FAMILY EDUCATION RECORD

DATE	ED. NEEDS	INFORMATION TAUGHT	WHO	HOW	RESPONSE	SIGN

- * Family refers to person(s) who play a significant role in patient's life.
 Individual(s) may or may not be loyally related to the patient.

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